

Foster Family Home - Corrective Action Report

Provider ID: 1-160086

Home Name: Kresta Jonadel Rivala, NA

Review ID: 1-160086-1

91-1093 Kauiki St

Reviewer: -

Ewa Beach

HI 96706

Begin Date: 12/16/2016

End Date: 12/21/16

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) New Home visit made on 12/16/2016 for a 2 bed certification. Corrective action report issued with corrective action plan due to CTA on 12/30/2016.

6(d)(1)-see applicable sections of this review.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1(a)(1)-No fingerprinting on HHM#3 in caregiver binder.

Compliance Manager



Primary Care Giver

Date



Date

WRITTEN PLAN OF CORRECTION

12/21/16

7.1(a)(1) No fingerprint on HHM #3 On caregiver binder.

Current fingerprint result on HHM # 3 is now filed in caregiver binder. Caregiver made a calendar for due dates so that it will not be miss in the future.


Kresta Riveral

91-1093 Kaulki st.

Ewa Beach, HI. 96706

12/21/16